

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	PR60418USw
<input type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge) (37 CFR 1.16 (e)) required		First Named Inventor	David Harold DREWRY
COMPLETE IF KNOWN			
		Application Number	
		Filing Date	
		Art Unit	
		Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CHEMICAL COMPOUNDS*(Title of the Invention)*

the specification of which

 is attached hereto

OR

 was filed on **(07/23/2004)** as United States Application Number or PCT InternationalApplication Number **PCT/US2004/023680** and was amended on (MM/DD/YYYY) *(if applicable)*.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION – Utility or Design Patent ApplicationDirect all correspondence to: Customer Number **23347** OR Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

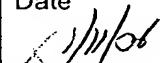
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])Family Name
Or Surname

David Harold

DREWRY

Inventor's
Signature

Date



Residence: City

State

Country

Citizenship

Durham

NC

US

US

Mailing Address

c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398

City State ZIP Country

Research Triangle Park NC 27709 US

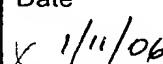
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])Family Name
Or Surname

James, Andrew

LINN

Inventor's
Signature

Date

Residence: City
Cary (JAL) 1/11/06

State

Country

Citizenship

Durham

NC

US

US

Mailing Address

c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398

City State ZIP Country

Research Triangle Park NC 27709 US

 Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02S or 02LR attached hereto

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname	
James, Marvin		VEAL	
Inventor's Signature x			Date x
Residence: City Apex	State NC	Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	PR60418USw	
		First Named Inventor	David Harold DREWRY	
		COMPLETE IF KNOWN		
		Application Number		
		Filing Date		
		Art Unit		
		Examiner Name		
I hereby declare that:				
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.				
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
CHEMICAL COMPOUNDS				
<i>(Title of the Invention)</i>				
the specification of which				
<input type="checkbox"/> is attached hereto OR <input checked="" type="checkbox"/> was filed on (07/23/2004) as United States Application Number or PCT International				
Application Number PCT/US2004/023680 and was amended on (MM/DD/YYYY) <i>(if applicable)</i> .				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.				
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto:				

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION – Utility or Design Patent ApplicationDirect all correspondence to: Customer Number **23347** OR Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])Family Name
Or Surname**David Harold****DREWRY**Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Durham**NC****US****US**

Mailing Address

c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398City State ZIP Country
Research Triangle Park **NC** **27709** **US**NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])Family Name
Or Surname**James, Andrew****LINN**Inventor's
Signature

Date

Residence: City

State

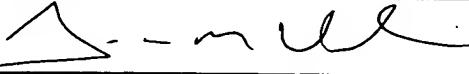
Country

Citizenship

Durham**NC****US****US**

Mailing Address

c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398City State ZIP Country
Research Triangle Park **NC** **27709** **US** Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02S or 02LR attached hereto

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
James, Marvin	VEAL		
Inventor's Signature x			1/24/2006 Date x
Residence: City Apex	State NC	Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country